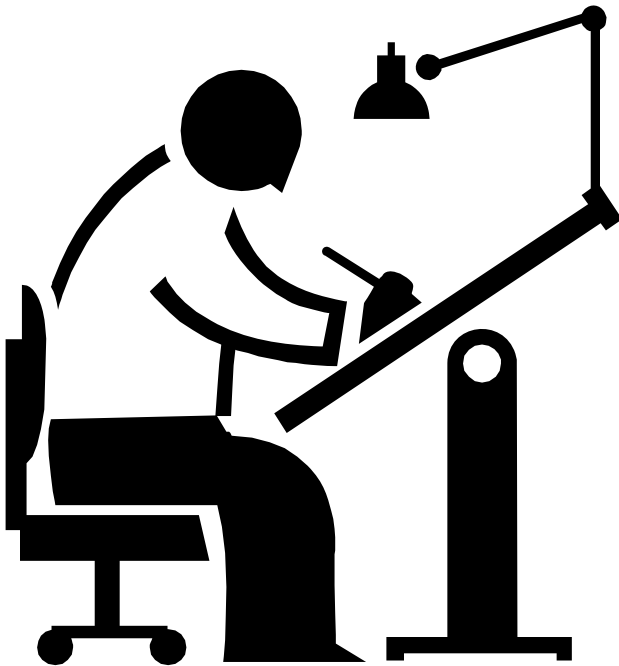


TRANSIENT DWELLING ESTABLISHMENTS



PLAN REVIEW PROCEDURES

COCONINO COUNTY
DEPARTMENT OF HEALTH SERVICES

"ENVIRONMENTAL SERVICES"



Table of Contents

Plan Review Procedures.....3

Declaration of Understanding.....7

Application to Construct.....8

User Fee Definitions.....9

Fees.....12

Work Sheets.....13

PLAN REVIEW PROCEDURES FOR TRANSIENT DWELLING ESTABLISHMENTS

“Transient Dwelling Establishment” : means and includes any place where sleeping accommodations are available to transients or tourists on a temporary basis such as a hotel, motel, motor hotel, tourist court, tourist camp, rooming house, boarding house, inn and similar facilities by whatever name called, consisting of two or more dwelling units; provided however, that the term shall not be construed to include apartments, clubs, boarding houses, rooming houses, and similar facilities where occupancy of all dwelling units is typically, or is expected or intended to be, more than 90 days.

“Transient” : means any member of the public who occupies a dwelling unit on a temporary basis in a transient dwelling establishment...”

[See Chapter 10 of the Coconino County Environmental Health Code]

Plans MUST be SUBMITTED, REVIEWED, & APPROVED:

- 1. When a new establishment is being constructed;**
- 2. When an existing establishment is being reconstructed, remodeled, renovated, converted;**
- 3. When there is an addition to an establishment;**
- 4. Before initiating the work !!!**

Reviews are 1st-come & 1st-served unless special arrangements can be made for “joint reviews” with an authorized project representative.

Turnaround time is usually longer than similar plan reviews done by each of the SIX Building Departments within Coconino County !
!!

IMPORTANT:

Plans submitted to building departments for review ARE NOT forwarded to this office – A SEPARATE SUBMITTAL & REVIEW IS REQUIRED.

Bdavis/3-12-03

STEP 1 – BASELINE ISSUES

- ❑ IF an “Unlicensed” facility, contact our support staff or the assigned district inspector about ALL other requirements for receiving a LICENSE TO OPERATE (i.e. “pre-opening inspections”, “application for operating license”, possible “employee” training & certification requirements, etc.).

- ❑ “COMMUNITY DEVELOPMENT” requirements:

Zoning- Is the property properly zoned? Will the facility/operation require a ‘special-use permit’ ? Will a development review process be required?
etc.

Building Permits- Will there be a plan review and/or building permits required?

- ✓ Contact appropriate agency:

Cities: Flagstaff, Fredonia, Page, Sedona (if in Coconino County), Williams
Unincorporated Areas: Coconino County Community Development;
Federal or State Property Landlords

- ❑ “Water System”- Is there an approved water system for the facility?

- ✓ Contact the Arizona Department of Environmental Quality (ADEQ) @ (928)779-0313 and/or the Certified Water Operator.

- ❑ “Wastewater System”- Is there an approved wastewater system for the facility?

- ✓ Contact appropriate agency:

Coconino County Environmental Quality for some onsite wastewater systems in unincorporated areas @ (928)679-8750; or ADEQ @ (928)779-0313; and/or the certified operator.

!!! It is strongly recommended that these baseline issues be addressed before your formal submittal for health code review, in the event that any might be limiting/prohibiting to the project. A license to operate is

dependent upon these issues, regardless of an otherwise-successful plan review exercise !!!!

STEP 2 – SUBMITTAL OF PLANS & SPECIFICATIONS

- ❑ “Declaration of Understanding” Form- Complete the attached form [minimum of one(1) signature]; and
- ❑ “Application for Approval to Construct...” Form- Complete the attached form [minimum of one(1) signature by responsible party]; and
- ❑ “Fees”- Submit appropriate fees (see attached fee schedule). Fees apply to “license” categories, so there may be more than one fee per project (example: a ‘Bar’, or a “Restaurant”, or a “Pool” within a transient dwelling establishment); and

Bdavis/3-12-03

STEP 2 – SUBMITTAL OF PLANS & SPECIFICATIONS [continued]

- ❑ “Plans & Specifications”- Submit a site plan (if never licensed previously); floor plan; equipment plan; plumbing plan with water, wastewater, and gas distributions; finish schedules for walls, floors, ceilings, and casework; and specification sheets on all food equipment (NOT just manufacturer and model numbers!). Some information on ventilation, lighting, doors and windows must be verified in the process also, BUT these can be submitted as additional documents, OR by completing the appropriate “Combination Review/Submittal” forms in the back of this packet. **[NOTE: In so far as there are assigned Building Department jurisdictions for most properties within Coconino County which do complete U.P.C. (Uniform Plumbing Code) and U.M.C. (Uniform Mechanical Code) reviews, our Health Code review will normally NOT duplicate their exercise, BUT ONLY overlap said reviews relative to certain Health Code requirements.]

***** IMPORTANT *****

“Pre-Submittal” meetings can be scheduled to discuss code requirements, options, etc. during the plan development stage, and this is highly recommended. We urge the involvement of all appropriate parties for the proposed establishment, including “operations” persons, not just the architect or contractor.

STEP 3– REVIEW & APPROVAL TO CONSTRUCT

- ❑ When ALL items above have been received by our office, they will be logged in and dated:

“First-Come/First-Serve Basis”. Submittals may be sent by mail, delivered in-person, or brought to a scheduled “Joint-Review” session with the plans

examiner. The "Joint-Review" option is preferred to expedite the review and approval process.

***** IMPORTANT *****

-There is ONLY one(1) plans examiner for Health Code reviews, compared to 1 or more examiners in each of the County's 6 Building Departments. Advance planning and submittal are therefore CRITICAL if turn-around time is important to the project, and why we recommend a scheduled "Joint-Review" approach.

-Building Department approvals (permits) ARE NOT Health Department approvals!

- Upon completion of an acceptable submittal and review, an "Approval to Construct" will be authorized (letter format); may or may not require plan changes and/or re-submittals.

STEP 4– INSPECTIONS & APPROVAL OF CONSTRUCTION

Bdavis/3-12-03

- "During Construction"- Current staffing and County size greatly restrict construction-phase inspections, BUT they can be scheduled in advance to deal with questions, unforeseen issues, or to develop checklists of work to be completed.
- "Final Inspections"- Inspections are required to verify code compliance and adherence to approved plans; **MUST BE SCHEDULED A MINIMUM OF FIVE(5) COUNTY WORK DAYS IN ADVANCE.** Time must be allowed to correct any possible deficiencies and schedule required follow-up inspections. For "Final Inspections", the facility **MUST** be "Turn-Key" status with all utilities approved and operable for testing of refrigeration equipment, water, ventilation, lighting, etc. It is also highly recommended that at least one "operations" person be present for the "Final Inspection".

***** IMPORTANT *****

Building Department "certificates of occupancy" and/or other approvals are NOT an approval to operate from the Health Department ! Concerning existing "licensed" operations, it may or may not be necessary to discontinue ongoing operations during construction, or for there to be temporary facilities/barriers installed to protect on-going operations. In any event, an approval to operate or to continue existing operations comes from the Health Department.

***** IMPORTANT – COMBINATION REVIEW/SUBMITTAL FORMS *****

Attached to the last portion of this packet are "Combination Review/Submittal" forms. These forms DO NOT have to be completed in detail by the submitter IF everything they cover is addressed elsewhere in a submittal package, **BUT THEY MUST** be utilized to at least identify where in a submittal package said information can be found. [EXAMPLE: "Walls & Ceilings" Form could be used to create a submittal document on finish schedules, OR to state where else in a submittal package such information is addressed.]

These forms **will be** utilized by the plans examiner for review of ALL submittals, regardless of the applicability of certain information relative to a specific project!!

Regarding the aforementioned "Joint-Review" option, these forms can be utilized in advance or during a "Joint-Review" meeting to develop the required submittal information for a project, as long as the aforementioned "site" plan (for not-previously-licensed facilities), "floor plan", "equipment plan", "plumbing plan", and "equipment specification sheets" are submitted for review. **THE PLANS EXAMINER WILL EVEN ENTER THE REQUIRED INPUT INTO THE FORMS AS LONG THE "JOINT REVIEWER(S)" CAN PROVIDE THE DATA AND BE WILLING TO SIGN EACH FORM.**

In any case, these forms provide information about what is required by the Transient Dwelling Code and what the plans examiner must verify. [A hard copy of the Code can be requested at the Environmental Services office.]



Public Health Services District

Barbara Worgess
Chief Health Officer

ENVIRONMENTAL SERVICES

2500 North Fort Valley Road, Building #1
Flagstaff, Az. 86001

(928)679-8750 - fax (928)679-8771

PLAN REVIEW: DECLARATION OF UNDERSTANDING

*****IMPORTANT!!!**

THE PERSON(S) COMPLETING THE ATTACHED "APPLICATION FOR APPROVAL TO CONSTRUCT" MUST SIGN AND DATE THIS FORM AND ATTACH IT TO SAID APPLICATION:

I, the undersigned, have read and understand the preceding "*Plan Review Procedures for Transient Dwelling Establishments*", and agree to adhere to all items presented. I understand that it is my responsibility to communicate this information to all persons needed to achieve compliance. I further understand that an "Approval to Construct" is good for ONLY ONE(1) YEAR, but may be renewed with adequate submittal of the status of the project, the anticipated completion date, and that there are no changes to the previously submitted and approved plans and specifications; any changes will require additional submittal, fees for review and separate approval. [SEE ATTACHED FORM: "Project Status Report".]

PROJECT NAME_____

Location_____

[1] _____
(print name) (print title or affiliation) (signature)

[2] _____
(print name) (print title or affiliation) (signature)

Complete above form and attach to "Application for Approval to Construct"
*****Minimum of ONE(1) signature required.**



Public Health Services District

ENVIRONMENTAL SERVICES

Barbara Worgess
Chief Health Officer

2500 North Fort Valley Road Building #1, Flagstaff, Az. 86001
(928)679-8750 Fax: (928)679-8771

APPLICATION FOR APPROVAL TO CONSTRUCT, ALTER, REMODEL, IMPROVE:

[] Plans, Specifications [] Onsite Inspection/Meeting [] Number of Units

Name of Project: _____

Location: _____

Owner: _____

Mailing Address _____
(street/no.) (city) (state) (zip code)

Phone: _____ Fax _____ Email _____

PROJECT INFORMATION

Project Description: _____

Architect:	Project Supervisor:	Contractor:
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____
Address _____	Address _____	Address _____

Other:	Other:	Construction Time Estimates: ***** Start of Construction: _____ End of Construction: _____
Name _____	Name _____	
Phone _____	Phone _____	
Fax _____	Fax _____	
Address _____	Address _____	

DOCUMENTS SUBMITTED: _____

CONSTRUCTION AGREEMENT:

The undersigned hereby agree to construct the facilities according to the approved plan documents/specifications. The undersigned also understands that said plan documents/specifications must be reviewed and approved prior to construction. * [Attach "Declaration of Understanding", and any affidavit(s) if required].

(Type or Print Name) (Affiliation) (Signature) (Date)

(Type or Print Name) (Affiliation) (Signature) (Date)

User fee definitions

ENVIRONMENTAL HEALTH

A permit shall be issued to operate any of the following facilities. This includes one to two on-site inspections of the facility, an itemized review and education. These inspections are required by law.

Additional Follow-up Inspection: A fee charged for **more than** three inspections per year for any single facility.

Pre-Opening Inspections: Inspection of a facility that is opening under a new license, or a facility that has been closed and requires' inspection before re-opening.

Type 3 Food Service License: Highest risk food service operations that prepare potentially hazardous foods. The types of facilities licensed in this category may include restaurant, bakery, deli, catering, day care, school cafeteria, and mobile food units that prepare food onsite.

Type 2 Food Service License: Medium risk food services that prepare a limited number of commercially processed potentially hazardous foods, such as - nachos and hot dogs. The types of facilities licensed in this category may include ice manufacturing, meat department, snack bars, food processing, bed & breakfast, rafting warehouse, river outfitter, mobile food unit.

Type 1 Food Service License: lower risk food services that serve pre-packaged foods or prepare non-potentially hazardous foods. The types of facilities that may be licensed in this category include bar/lounge, retail food, food warehouse, vending machine operator. Also includes an additional preparation in the same kitchen as a Type 3 Food Service.

Co-located Food Service License: This permit is for a food service business that is located on the same premises and uses the same equipment, food preparation area and facilities as another food service business that is owned by the same owner. The original permit cost will be for the highest level of food service type; the second permit of equal or lower level of food service type will be charged for the co-located license that may be a FS1, FS2, or a FS3.

Seasonal Food Service Permits: A seasonal permit applies to food service operations that operate 6 months or less, meet all Food Code equipment and plumbing requirements, and operate outside of a special event. Facilities that qualify for a seasonal permit may include: Little league snack bars, some food

stands, and some mobile food units. The following permits are good for 6 months:

- . Seasonal food service type 1 - \$124
- . Seasonal food service type 2 - \$135
- . Seasonal food service type 3- \$157

Temporary Food Service Permits: The following permits are good for 6 months unless otherwise specified:

- . Non-profit food and food samplers - \$65
- . For profit food at a non-profit event, and vendors that sell non potentially hazardous foods - \$18
- . For profit vendors one event only - \$65
- . For profit vendors - \$85
- . Penalty fee for application received <10 days to event - \$50
- . Penalty fee for application received at event - \$50

Food Handler Certificate: A course that is required for anyone who handles food for the public (except individuals that have a Food Manager Certificate), which is obtained by taking the approved Food Handler Course; the certificate is valid for three years.

Food Manager Certificate: A course that is required for at least one person per shift (or a minimum of two per establishment) for any food service establishment, which is obtained by taking the approved Food Manager Course; the certificate is valid for three years.

Food Manager Re-certification: Food handlers who already hold a Food Manager Certificate from the County may renew their three-year certificate by re-taking the exam without re-taking the class.

River Guide Certificate: A course for commercial river guides who handle food, water and waste; the certificate is valid for three years.

Body Art Certificate: A course for body artists; the certificate is valid for two years. '

Trailer Parks/Camp Grounds: Sanitary inspection of places people park trailers and motor homes, and places people camp.

School Inspection > 500: Sanitary inspections of public, private and parochial schools with more than 500 students.

School Inspection < 500: Sanitary inspections of public, private and parochial schools with less than 500 students.

Motel/Hotel: Sanitary inspections of places the public sleeps overnight or for several nights.

Spa: Sanitary inspection of small pools of water used by people in public places or by multiple non-related people, e.g., hot tub in hotel or apartment complex.

Swimming Pool: Sanitary inspections of large pools of water used by the public for swimming and playing, e.g., schools, recreation centers, hotels, etc.

Type 3 Food Service Plan Review: Plan reviews for the highest risk food services including restaurant, bakery, catering, day care, and school cafeteria.

Type 2 Food Service Plan Review: Plan reviews for medium risk food services including ice manufacturing, meat department, limited services, food processing, bed & breakfast, rafting warehouse, river outfitter, mobile food unit.

Type 1 Food Service Plan Review: Plan reviews for lower risk food services including bar/lounge, retail food, food warehouse, vending machine operator.

Food Service Minor Remodel Plan Review: Plan reviews for the remodeling of . the highest risk food services including restaurant, bakery, catering, day care, and school cafeteria.

Trailer Parks/Camp Grounds Plan Review: Plan reviews for places people park trailers and motor homes, and places people camp.

Motel/Hotel Plan Review: Plan reviews for places the public sleeps overnight or for several nights.

Schools Plan Review: Plan reviews for all new schools, public or private, for grades kindergarten through 12th grade.

Body Art Facility Plan Review: Plan reviews for facilities that provide body art.

Revised by meg 11-1-07

Environmental Health 2011 Fee Update

Revised: hlm 1/4/11

Service	2011 Fee
Additional Follow-up Inspection	177
Pre-opening Inspection	278
Minor Pre-opening Inspection	118
Type 3 Food Service	385
Type 2 Food Service	272
Type 1 Food Service	224
Co-located Food Service	180
Food Handler Certificate	18
Food Manager Certificate	59
Food Manager Recertification	19
River Guide Certificate	18
Body Art Certificate	22
Body Art Permit	181
Trailer Park/Campground	135
School Inspection >500	202
School Inspection <500	133
Motel/Hotel Permit	145
Annual Pool and Spa License	203
Seasonal Pool and Spa License	148
Seasonal Food Service Permits:	
Food Service Type 1	124
Food Service Type 2	135
Food Service Type 3	157
Temporary Food Service Permits:	
Non-profit food and food samplers	65
Profit food at a non-profit event and vendors selling non PHF	18
Profit vendors one event only	65
Profit vendors	85
Penalty fee for application received < 10 days to event	50
Type 3 Food Service Plan Review	445
Type 2 Food Service Plan Review	408
Type 1 Food Service Plan Review	310
Food Service Minor Remodel Plan Review	273
Trailer Park/Campground Plan Review	269
Motel/Hotel Plan Review	326
School Plan Review	337
Body Art Facility Plan Review	294

COCONINO COUNTY DEPARTMENT OF HEALTH SERVICES – ENVIRONMENTAL SERVICES UNIT
TRANSIENT DWELLING ESTABLISHMENT PLAN REVIEW
COMBINATION (REVIEW &/OR OPTIONAL SUBMITTAL) WORKSHEETS
ESTABLISHMENT _____ DATE _____

YES/NO/??	REQUIREMENT	COMMENTS
	*** COMMUNITY DEVELOPMENT REQUIREMENTS: PLANNING & ZONING APPROVALS: _____ BUILDING DEPT. PERMIT(S): _____ OTHER (STATE, FEDERAL LANDLORD): _____	
	*** APPROVED WATER SYSTEM (ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY CERTIFICATION & APPROVAL <i>(MAY REQUIRE WRITTEN DOCUMENTATION)</i>)	
	*** APPROVED WASTEWATER SYSTEM : COUNTY APPROVAL _____ STATE/ADEQ APPROVAL _____ <i>(MAY REQUIRE ADDITIONAL REVIEW &/OR WRITTEN DOCUMENTATION)</i>	
	SITE PROPERLY GRADED AND DRAINED TO PREVENT POOLING/PUDDLING OF WATER.	
	SANITARY FACILITIES: EACH ROOM WITH ADJOINING BATH _____ CENTRAL/Common BATHS _____ (WHEN NOT ADJOINING, SEPARATE & CLEARLY MARKED TOILET ROOMS FOR EACH SEX; WITHIN 200 FEET OF ALL DWELLING UNITS: AT LEAST ONE TOILET, ONE SHOWER OR TUB, ONE LAVATORY FOR EVERY TEN DWELLING UNITS, AND AT LEAST ONE URINAL IN MENS ROOMS)	
	HOT AND COLD WATER PROVIDED _____	
	RESTROOMS VENTILATED _____	
	ALL ROOMS WITH ADEQUATE LIGHTING _____ ALL ROOMS ADEQUATELY VENTILATED _____ (WINDOW SPACE MUST BE AT LEAST 20% OF FLOOR SPACE IF RELIED ON FOR LIGHTING &/OR VENTILATION) OPENABLE WINDOWS SCREENED _____	
	WALLS & CEILINGS LIGHT-COLORED, SMOOTH-SURFACED(LITTLE OR NO TEXTURE), AND WASHABLE: BATHROOMS _____ KITCHENS _____ WET BARS _____ LAUNDRY/LINEN STORAGE _____ (!!!!ANY FOOD/BEVERAGE OPERATIONS <i>MUST</i> BE SEPARATELY REVIEWED!!!!) [SEE REVERSE SIDE THIS PAGE FOR WALL/CEILING SCHEDULE FORM]	

ESTABLISHMENT: _____ ☐ New (not licensed before) ☐ Remodel/Alteration/Addition
LOCATION: _____ [Current License No. _____] [Formerly Called: _____]

WALLS & CEILINGS FINISH SCHEDULE *[Samples may be required for final approval]*

*****IMPORTANT*** WHEN NOT COMPLETING THIS FORM: LIST BELOW ALL THE SPECIFIC PLACES SUCH INFORMATION IS PROVIDED IN YOUR SUBMITTAL (i.e. drawing sheet numbers, construction notes, project manual page numbers, etc.)**

Room No.	Room Name	Walls				Ceilings	Finish Characteristics Requirements			
		North	South	East	West		Smooth	Light Colored	Washable	Durable
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			
							wall			
							ceil.			

Submitter: _____ Date: _____ /// Reviewer: _____ Date: _____

NOTES: _____

	<p>FLOORS SMOOTH-SURFACED, NONABSORBENT, AND EASY TO CLEAN:</p> <p>BATHROOMS _____</p> <p>KITCHENS _____</p> <p>WET BARS _____</p> <p>VENDING AREAS _____</p> <p>LAUNDRY/LINEN STORAGE _____</p> <p>REFRIGERATION UNITS IN ROOMS _____</p> <p>(!!!!ANY FOOD/BEVERAGE OPERATIONS <u>MUST</u> BE SEPARATELY REVIEWED!!!!)</p> <p>[SEE REVERSE SIDE THIS PAGE FOR FLOOR SCHEDULE FORM]</p>	
	<p>MULTI USE EQUIPMENT/UTENSILS/WAREWASH FACILITIES:</p> <p>MULTI USE ITEMS (GLASSES, CUPS, POTS & PANS, ICE TRAYS, ICE BUCKETS, UTENSILS ETC.) _____</p> <p>_____</p> <p>NSF APPROVED WAREWASH FACILITIES (MINIMUM OF A THREE COMPARTMENT SINK WITH TWO DRAINBOARDS, AND/OR COMMERCIAL AUTOMATIC DISHWASHER) _____</p> <p>_____</p> <p>NOTE: IF ICE BUCKETS HAVE LINERS OR IF SINGLE USE UTENSILS NO 3 COMP SINK REQUIREMENT</p>	
	<p>REFUSE STORAGE/COLLECTION/TRANSPORTATION:</p> <p>SUITABLE STORAGE CONTAINERS (SMOOTH, NONABSORBENT, LEAKPROOF, TIGHT-FITTING LIDS) _____</p> <p>_____</p> <p>SUBSCRIPTION TO LICENSED HAULER _____</p> <p>_____</p> <p>HAUL OWN REFUSE/SUITABLE TRANSPORT UNIT(S) _____</p> <p>_____</p> <p>HAUL OWN REFUSE/SUITABLE CANWASH FACILITY _____</p> <p>_____</p> <p>NOTE: IF MULTI-USE TRASH CONTAINERS MUST HAVE FACILITY TO WASH THEM & MUST BE IN GOOD REPAIR</p>	
	<p>FURNISHINGS:</p> <p>MATTRESSES WITH MATTRESS PADS/COVERS _____</p> <p>KITCHEN EQUIPMENT EASILY CLEANABLE/DURABLE _____</p> <p>_____</p> <p>MILLWORK (COUNTERS, CUPBOARDS, SHELVES ETC.) IS SMOOTH, NONABSORBENT, EASY TO CLEAN _____</p> <p>_____</p> <p>BEDS, MATTRESSES, PILLOWS AND BED LINENS IN GOOD REPAIR, CLEAN, FREE OF VERMIN AND PROPERLY STORED _____</p> <p>_____</p>	
	<p>ICE DISPENSING:</p> <p>ICE NOT PROVIDED TO GUESTS _____</p> <p>ICE PROVIDED BY EMPLOYEE _____</p> <p>ICE BY SELF-DISPENSING MACHINE _____</p> <p>ICE MACHINE(S) DEPICTED ON PLANS _____</p> <p>ICE EQUIPMENT INDIRECTLY WASTED _____</p> <p>FLOOR DRAIN/SINK ACCESSIBLE _____</p>	

COCONINO COUNTY DEPARTMENT OF HEALTH SERVICES
 PLAN REVIEW /// COMBINATION REVIEW & SUBMITTAL SHEET

ESTABLISHMENT: _____ ☐ New (not licensed before) ☐ Remodel/Alteration/Addition
 LOCATION: _____ [Current License No. _____] [Formerly Called: _____]

FLOORS & BASEBOARDS FINISH SCHEDULE *[Samples may be required for final approval]*

*****IMPORTANT*** WHEN NOT COMPLETING THIS FORM: LIST BELOW ALL SPECIFIC PLACES SUCH INFORMATION IS PROVIDED IN YOUR SUBMITTAL (i.e. drawing sheet numbers, construction notes, project manual page numbers, etc.)**

Room No.	Room Name	Base Board	Floor Finish	Finish Characteristics Requirements			Comments, Cross-References, Notations
				Smooth	Nonabsorbent	Durable	

Submitter: _____ Date: _____ /// Reviewer: _____ Date: _____

NOTES: _____

[SEE REVERSE SIDE THIS PAGE FOR PLUMBING SCHEDULE FORM]

!!!!!!IMPORTANT!!!!!!

ASSOCIATED FACILITIES/OPERATIONS REQUIRING A HEALTH PERMIT TO OPERATE WILL REQUIRE ADDITIONAL PLAN SUBMITTAL AND PLAN REVIEW:

FOOD/BEVERAGE OPERATIONS: YES_____ NO_____

[SEE ATTACHED "WAIVER" MEMORANDUM AND SUBMITTAL SHEETS]

POOL/JACUZZI/HOT TUB: YES_____ NO_____

[CURRENTLY, ADEQ DOES PLAN REVIEW ON POOLS & JACUZZIS, BUT COCONINO COUNTY STILL PERMITS THE OPERATION OF SUCH FACILITIES; THE COUNTY **WILL NOT** ISSUE A PERMIT TO OPERATE WITHOUT AN ADEQ APPROVAL OF CONSTRUCTION!!!!!!].

SUBMITTER_____ DATE_____

REVIEWER_____ DATE_____

NOTES:

ESTABLISHMENT: _____ ☐ New (not licensed before) ☐ Remodel/Alteration/Addition
LOCATION: _____ [Current License No. _____] [Formerly Called: _____]

PLUMBING FIXTURES

*****IMPORTANT*** WHEN NOT COMPLETING THIS FORM: LIST BELOW ALL SPECIFIC PLACES SUCH INFORMATION IS PROVIDED IN YOUR SUBMITTAL (i.e. drawing sheet numbers, construction notes, project manual page numbers, etc.)**

[illegible]

Submitter: _____ Date: _____ /// Reviewer: _____ Date: _____

NOTES: _____
